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ABSTRACT

The action guidelines are intended to aid state and local associations for retarded children in ensuring the delivery of appropriate educational services to all mentally retarded children. Stressed are the effects of the right-to-education court decisions in guaranteeing education for the mentally handicapped. Considered in the introduction are existing gaps in services, ways to obtain services through the courts and legislation, the role of the National Association for Retarded Children in ensuring the right to education, and the make-up and functions of state and local education committees. Action steps for state and local education committees are suggested and include reviewing existing education legislation and making use of board of education meetings to inform local policy makers. Evaluation in the areas of administration and organization of educational programs, facility architecture, classification and placement, educational programing, family involvement, and qualifications of special education teachers is encouraged. The question of when litigation should be mounted is examined in the chapter on legislation and litigation. The appendix lists suggested areas of program emphasis for profoundly retarded at the preschool, school age, and adult levels. (DB)

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U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

ACTION GUIDELINES:

EVALUATING and MONITORING EDUCATION SERVICES for MENTALLY RETARDED PERSONS

EC 060 408

January, 1973 National Association for Retarded Children
2709 Avenue E East, Arlington, Texas 76011

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Contents

	Page
I. Introduction	2-6
Existing gaps in services	2-3
Obtaining services through the courts	3
Obtaining services through legislation	3-4
Role of NARC in ensuring the right to education	4-5
The education committee	5-6
Committee make-up	5-6
Committee functions	6
State level	6
Local level	6
II. Suggested Action Steps for Committees	7-10
State education committees	7-9
Local education committees	10
III. Major Evaluation Areas	11-23
Administration and organization of educational programs	11-13
Architectural considerations	13-14
Classification and placement	15-17
Educational programming and delivery of services	17-21
Family involvement in the educational process	21-22
Qualification of special education teachers	22-23
IV. Legislation and Litigation	24-26
When should litigation be mounted?	25-26
V. Summary	27
References	28
Appendix	29-32

Preface

Since its inception NARC has remained deeply concerned with the marked inequities which exist within the public school systems of this nation concerning the education of mentally retarded persons.

In April 1971, the Board of Directors of NARC adopted and distributed a document entitled *Policy Statements on the Education of Mentally Retarded Children.* These statements were prompted by the fact that large segments of mentally retarded school-aged children are denied appropriate educational services. In some states, mentally retarded persons—particularly the severely and profoundly retarded—are totally excluded from the educational process.

The action guidelines which follow are intended to help delineate the roles of state and local ARC's in ensuring the delivery of appropriate educational services to all mentally retarded persons. It should be remembered, however, that no action guidelines can possibly cover all aspects of the educational process. Therefore, NARC will continue to develop other printed materials to assist ARC's in their efforts to ensure that the principles embodied in NARC's policy statements on education are implemented by state and local governments. In this regard, NARC will develop a document which will supplement the present guidelines by dealing with the fundamentally important question of obtaining sufficient funding to support adequate public education programs for all mentally retarded individuals.

I. INTRODUCTION

The fundamental belief that society is responsible for the education of all citizens is based on the democratic premise that every person is valuable in his own right, and should be afforded equal opportunities to develop his full capacities, whatever they may be or however attenuated by special circumstances. When a state adopts this philosophy by undertaking to provide a publicly supported education for its children, it may not deny an appropriate education to any special group or individual without violating basic constitutional guarantees to equal protection under the law.

The principle of education for all persons has received general endorsement since the passage of the first public school laws in the mid-nineteenth century. However, the actual implementation of the principle has varied considerably for certain ethnic and disability groups. Considerable latitude has been allowed in the interpretation of terms such as "education" and "all children", thereby permitting the exclusion of large segments of the school-aged population from appropriate educational services.

Existing Gaps in Services

Although progress has been made regarding the provision of educational services for mentally retarded persons, we still find today that the majority of such persons are being denied an appropriate educational program within the mainstream of public education. For example, Mackie (1969) reported that in 1966, only 540,000 children were enrolled in special education programs for the retarded. This total included 140,000 served in public high schools. By 1967, the total number had increased to 677,000, of which 89,000 were classified as "trainable" (PCMR, 1967). However, Goldberg, estimated that by 1969 only half of America's retarded children were being served.

In a survey completed by the National Association for Retarded Children (NARC, 1971), state education agencies were queried regarding the number of retarded students enrolled in their public schools during the 1970-1971 academic year. Responses received from the 50 states and the District of Columbia resulted in a reported nationwide public

school enrollment of approximately 722,000 mentally retarded students. In order to gauge the extent to which states were meeting the special education needs of their retarded citizens, the number of retarded persons in each state in the 5 to 21 year old age group was then estimated on the basis of 1970 United States Census data. A state-by-state comparison of reported enrollment vs. estimated number of school-age retarded children showed that not more than 60 percent of retarded children were being served in any state, and that one state was currently meeting the educational needs of only 15 percent. The national average of approximately 36 percent served to underscore the alarming neglect of mentally retarded persons by our nation's public schools. It should be noted that these estimates were somewhat inflated by the fact that at least 18 states classify non-retarded (i.e., "borderline") students as retarded.

Obtaining Services through the Courts

In an effort to make the educational system responsive to the needs of retarded children, parents have sometimes been forced to turn to the courts. In 1969, the Third Judicial District Court of Utah ruled that two mentally retarded children — who had been excluded from public school and placed under the jurisdiction of the Utah Department of Welfare — *be provided an education by the public school system (Fred G. Wolf, et al vs. the Legislature of the State of Utah, Div. No. 182646,* 1969) Another court decision in the State of Pennsylvania in 1971 reaffirmed that public school education for all retarded children is a right instead of a privilege *(Pennsylvania Association for Retarded Children, et al vs. Commonwealth of Pennsylvania,* E. D. Pa., C. A. No. 71-42, 1971). A consent agreement reached in October 1971, specified that Pennsylvania must provide a public education for all its mentally retarded children, including those living in state institutions. In 1972, the constitutional right of handicapped children to public education was again affirmed by a sweeping federal court decision in Washington, D. C. *(Mills vs. Board of Education of the District of Columbia, 1972).*

Obtaining Services through Legislation

Legislation has also been used to ensure the right to

education for mentally retarded and other developmentally disabled persons. Special education laws have recently been written or modified in such states as Massachusetts, Rhode Island, Texas, Michigan, South Carolina, and Washington. Other states are in the process of revising their special education laws or are contemplating such action. Past history, however, suggests that special education legislation does not always guarantee public education for all retarded children. In fact, NARC (1971) found no relationship between state education laws existing prior to 1971 and the proportion of retarded children actually enrolled in public school classes. In this regard, some states without legislation which mandates classes for mentally retarded students enroll more retarded children in their public schools than states with mandating legislation. This is not to say that special education laws are undesirable. However, to be effective the laws must clearly and specifically address themselves to such issues as compulsory attendance, classification and placement, location of facilities, administration of services and teacher qualifications. Most importantly, adequate funding must be authorized or no action will result. Also, the implementation of special education laws must be monitored at the local school district level to ensure that the public schools are actually complying with the law as it is written.

The groundswell of litigation and legislation related to public education in recent years has important implications for parents as well as educators concerned with the seriousness of the present situation. At the national level, in 1972, Sidney P. Marland, then U. S. Commissioner of Education, made the education of handicapped children a major objective of his office, and called for the development of full educational opportunities for all handicapped children by 1980. To achieve this goal, however, aggressive involvement is required on the part of concerned citizens and professionals at every level of the educational process.

Role of NARC in Ensuring the Right to Education

Since its founding in 1950, NARC has been faced with the reality that mentally retarded children generally receive inappropriate and inadequate education in the public schools. In fact, one of the earliest identifiable parent groups was formed in Ohio with the expressed purpose of providing education services for children who were ineligible for school placement. During the 1950's and 1960's parents in many states began working closely with professionals and

other interested citizens to secure legislation on behalf of the mildly retarded student. Often these parents exercised extraordinary self-discipline in deferring insistence on equal treatment for their own children, many of whom were severely retarded, pending the orderly development of a broad program for all retarded children (Stringham & Sengstock, 1968). Today, the responsibility of the public school to provide educational services for all retarded students is generally accepted. The constitutionality of this philosophy has been affirmed by the courts in some states, and other states have taken the initiative to modify or enact laws which make education for all children a reality.

Despite the progress which has occurred, state and local units of NARC must not allow themselves to become complacent. It is our responsibility to continue to speak vigorously on behalf of mentally retarded persons, making sure that we accomplish through others what we cannot and should not attempt to accomplish independently. In addition to catalyzing the development of appropriate educational services state and local units must also fulfill another major responsibility by monitoring services to ensure high quality and compliance with the civil and legal rights of retarded persons.

The Education Committee

The primary responsibility for promoting and monitoring educational services falls within the purview of state and local ARCs through their education committees. Such committees are essential in order to focus attention on the problem, coordinate efforts to ensure appropriate educational programs, and provide continuity in monitoring existing services.

Committee Make-Up: Whenever possible, the education committee should include among its members fully qualified persons in the field of special education. Preferably, these persons should not be currently employed by the state department of education or the public schools, thereby avoiding possible conflict of interest. Firsthand teaching experience with retarded children should also be required on the part of at least one committee member. At least one parent with a child in a public school program and possibly one parent whose child has been excluded from public school services would be important assets to the committee. The committee should further include influential persons from

the community who have access to key political figures and to professionals responsible for educational services, such as school board members and county or local school superintendents. Where possible, a person with a background in judicial and legislative procedures would undoubtedly prove to be another distinct asset to the committee.

Committee Functions: An important function of education committees is to provide coordination for a concerted effort in regard to ensuring the right to education at the national, state and local levels. The NARC Education Committee works with a consortium of other national organizations committed to influencing policy and improving educational opportunities for retarded students. Other continuing concerns involve such issues as teacher preparation and certification, curriculum improvement and accurate classification and placement of mentally retarded students. However, for such national activities to have practical significance for retarded students, there must be a carryover to the state and local level.

State Level: In this regard, the state education committee must assume responsibility for working directly with its state education agency and legislature. It must be represented on state level coordinating councils and other planning boards which shape future policy and practices in a given state. Furthermore, the state level committee must keep its local units informed of the status of educational services and needs, and provide local units with the technical and moral support they require in dealing with local problems.

Local Level: Although the monitoring of educational services begins at the state level, the statewide implementation of educational services must be closely evaluated by every local unit to ensure appropriate compliance in every corner of the state. The autonomy typical of many local school districts makes local monitoring particularly critical. Also, natural variations from locale to locale caused by differing population densities and resources means that delivery of services may vary somewhat throughout the state. The local units, therefore, must ensure that the means of solving problems unique to a given area are the most effective in meeting the needs of mentally retarded students. The sections which follow will provide general guidelines and suggestions which can be used to facilitate such evaluations.

II. SUGGESTED ACTION STEPS FOR COMMITTEES

This section presents guidelines intended to assist state and local education committees in the evaluation of educational services for mentally retarded students. General action steps are presented first, followed by information related to major areas of concern in evaluating educational programs.

As indicated earlier, the extent and appropriateness of educational services for retarded students varies widely from state to state. It is necessary, then, that each committee first determine where it should focus its resources and activities. For example, massive denial of educational services may dictate the total revision or enactment of special education laws. In other cases, modification and/or clarification of existing legislation may be all that is needed. At another level, the problem may be associated with the administration and delivery of services by the local school district. Unfortunately, legislation mandating the right to education has been effectively canceled in some instances at the local level through the use of certain technicalities in the laws which allow exclusion, expulsion, permissive attendance and segregation of mentally retarded students. To correct such inequities, parents have sometimes been forced to resort to the courts for relief.

Therefore, the complex problems associated with ensuring the right to an appropriate education call for a concerted effort on the part of state and local education committees in order to identify major problems and provide a substantial basis for pursuing needed educational reform. Although action strategies will vary somewhat for each state, the following action steps are generally applicable.

State Education Committee:

- Obtain sufficient copies of NARC's **Policy Statements on the Education of Mentally Retarded Children** for all members of the committee. This document should be carefully studied and discussed in order to ensure a thorough understanding of the principles which are presented. Ensure that the officers and staff of the state Association are also knowledgeable of the policy statements. Local units should be urged to obtain copies and to review them in detail.
- Seek the passage of a resolution by the state Association endorsing the policy statements and urging their implementation by state agencies responsible for providing educational services to the mentally retarded. Encourage

local ARC's to pass parallel resolutions for implementation at the local level.

- Provide copies of the policy statements to state education personnel, and meet with them to discuss in detail their plans for implementing programs aimed at attaining the goals set forth in the policy statements and in the related resolution.
- Carefully review existing education legislation in your state. Such a review will be facilitated by referring to the NARC policy statements on education, as well as to the information contained in these guidelines.
- Become familiar with recent legislative and judicial activities in other states through such information resources as the State-Federal Clearinghouse for Exceptional Children and the NARC Education Committee.*
- Obtain figures from the state education agency which indicate the number of mentally retarded students served by public schools within the state. Compare these reported enrollments with the estimated number of mentally retarded persons of school age in the state in order to assess the degree to which the public schools are meeting their responsibilities to the retarded. Share the results of the survey with local units.
- Discuss the results of the survey with the director of the state education agency in light of existing and planned educational services for mentally retarded students. It may prove to be the case that the state agency has recognized existing deficiencies and has developed a plan to remedy them. If such a plan has been developed, it should be reviewed in terms of its feasibility and its acceptability to the state Association.
- Obtain from the state director the names of key agency persons responsible for the administration of educational services. If agencies other than the state education agency have administrative responsibilities in the educational area, these agencies should also be visited in order to establish sound working relationships.
- Study organizational charts reflecting lines of authority

*The SFICEC periodically publishes a summary of current litigation related to the education of handicapped persons, including the mentally retarded. Single copies may be ordered from:
State-Federal Information Clearinghouse for Exceptional Children
The Council for Exceptional Children
Jefferson Plaza Suite 900
1411 South Jefferson Davis Highway
Arlington, Virginia 22202

and interagency responsibilities. The evaluation of administrative structures is discussed in a subsequent section.

- The committee should gather information regarding policies that govern service delivery and administrative responsibilities. Additionally, they should visit several representative educational facilities to examine ways in which services are actually being delivered. This will help them gain an overview of program quality.
- Utilizing the above information, develop a plan of action for establishing a continuing working relationship with state agency personnel. If it is clear that state officials are unwilling or unable (e.g., because of existing statutory limitations) to work with the state ARC in improving the quality and scope of services, it may be necessary to resort to alternate strategies.
- Inform local units of your overall findings and recommend follow up action as needed.
- Establish mechanisms for regular and continuing two-way communications between the state committee and its local counterparts. It must be remembered that while the general educational picture within the state may be encouraging, isolated areas may exist in which educational services for the mentally retarded are severely limited in scope and markedly inadequate in quality. By reviewing reports received from local units, the state committee will gain a fuller understanding of problems which exist at the community level, thereby facilitating the identification of critical issues and the developing of relevant action plans.
- Establish files containing relevant materials pertaining to the education of the mentally retarded, and develop a roster of resource persons who may be called upon as speakers or consultants by local ARC's and state and local school administrators. It is important to ensure that these persons are in accord with the educational philosophy and policies of the national and state associations.
- Solicit the cooperation of volunteers and staff responsible for planning the state ARC convention in developing plenary sessions and/or workshops on education for the mentally retarded.
- Offer to provide speakers for statewide meetings of public school administrators and staff, professional organizations (e.g., conferences sponsored by the state Council for Exceptional Children) and civic groups. Such meetings provide an excellent opportunity to acquaint professionals and the general public with the ARC's position on education.

Local Education Committees:

- Ensure that the education committee and the membership of the local ARC are familiar with the NARC education policy statements. A resolution endorsing the implementation of these statements at the local level should be passed and shared with community school administrators, along with a copy of the policy statements themselves.
- Review the state education policies and special education laws obtained from the state education committee. The state committee should be contacted regarding questions of interpretation. Prepare a summary of these policies and laws, and their implications for local services. This summary should be disseminated to the local membership.
- Call on city and county school superintendents to discuss existing school policies and procedures as they relate to NARC's policy statements.
- Use board of education meetings as a forum for explaining the ARC position on education to local policy makers.
- Talk with individual parents of retarded students as one means of determining the nature and extent of school related problems in your locale. Persons interviewed should include families of retarded children who are **not** attending school to find out if they have been excluded by the educational system and the reasons for such exclusion.
- Visit public schools in order to evaluate their special education facilities and programs. Guidelines to assist in the evaluation process are included in the following section of these guidelines.
- Work with the residential services committee in jointly visiting and evaluating educational programs provided at residential facilities for the mentally retarded.
- Review data obtained from state committees regarding the number of mentally retarded persons served within the state. This will provide a statewide overview of the scope of existing programs. However, the local committee should contact their superintendent of schools to determine the number of mentally retarded children currently enrolled, and should compare this figure with an estimate of the number of school-age retarded persons residing in the school district. This type of factual data is a prerequisite for effective local action.
- Results of surveys and other reports prepared by the local education committee should be shared with the state Association. The establishment of a viable system of reciprocal communications between the state and local associations will help ensure coordinated efforts in obtaining educational services for all mentally retarded persons in the state.

III. MAJOR EVALUATION AREAS

This portion of the guidelines highlights a number of areas which should be considered by state and local education committees when evaluating the educational services provided to retarded students by the public schools. Contained within each section are a series of questions designed to facilitate the evaluation. In all cases, a positive answer (i.e., YES) is desirable.

Administration and Organization of Educational Programs

All education services for retarded persons must be the responsibility of the state education agency and the public schools, regardless of the pupil's level of mental retardation. Traditionally, educators have labeled the severely and profoundly retarded child as "subtrainable" or "custodial" and considered them unacceptable for public school placement. However, it has been clearly demonstrated that these individuals can benefit from systematic education and training. Education in this context refers to a "process whereby an individual is helped to develop new behavior or to apply existing behavior, so as to equip him to cope more effectively with his total environment" (Roos, 1972). Education, therefore, encompasses considerably more than the traditional academics. In fact, the inclusion of training to develop basic self-help skills is considered a legitimate and necessary part of public school curricula.

The public education agency charged with overseeing community education programs should also have the responsibility for the education of retarded persons who live in residential institutions. In this latter regard, every effort should be made to place residents of institutions in public school classes located within the community. Such placement is essential in order to integrate the retarded student in the mainstream of public school education, thereby facilitating later adjustment to life in the community.

Yes	No	
☐	☐	Does the state education agency have administrative responsibility for the education of all mentally retarded students, including the mildly, moderately, severely and profoundly retarded student?
☐	☐	Is eligibility for public schools flexible and not restricted solely to any group such as the mildly retarded?
☐	☐	Do residents of public institutions attend public school classes in the community?
☐	☐	If not, is the residential facility aggressively attempting to place residents in community public schools?

Cooperative education programs should be implemented, where necessary, to provide more appropriate services to retarded students. In rural and sparsely populated areas, legislation should enable two or more school districts to combine to create a special education district. When there are two or three sparsely populated districts in close proximity, these districts can combine their resources to form a special education cooperative. When a single sparsely populated district is in close proximity to a large district, state funds should be made available to transport mentally retarded students to existing programs and services in the larger district. As can be seen, a variety of cooperative relationships is possible. However, since education must be provided for students within public facilities and under the auspices of the public education agency, the practice of purchasing services from private, non-profit, or profit making agencies should be firmly discouraged.

Yes	No	
☐	☐	Do schools and school districts cooperate to provide special classes when population and/or geographical factors make provision of school services by a single school district unfeasible?
☐	☐	Is free transportation provided retarded students who must be transported within or outside their own school district?

In all cases, school policy should allow considerable flexibility in the design of appropriate classroom settings for every retarded student. In general, classroom size can be increased as the age of the students increases. A guideline for teacher-pupil ratios in classes composed of mildly and moderately retarded students below 13 years of age should be no more than 10 students to one teacher. Above 13 years of age, the ratio might increase to 15 students to one teacher. A chronological age span of not more than three years, and an instructional span of not more than three grade or achievement levels is recommended. At the same time, severely and profoundly retarded students generally require ratios of one teacher to six or eight students at all age levels, with teachers' aides as necessary, depending on accompanying handicaps such as physical disabilities or epileptic seizures.

Yes	No	
☐	☐	Are age and instructional spans within recommended limits?
☐	☐	Do teacher ratios vary according to the needs of students?

Administrative policies regarding exclusion or expulsion should also be examined critically. In many instances, mentally retarded students are excluded or expelled because of their inability to adapt to traditional curricula, or by virtue of their manifesting behavior problems. The responsibility for developing appropriate education techniques and/or modifying disruptive classroom behavior patterns rests with the public school system. Failure to adapt to traditional educational models should thus not be viewed as a legitimate basis for exclusion or expulsion. Moreover, failure to adapt to traditional educational models and manage the problem behavior of students can no longer be legitimately justified on the basis of a paucity of skills and techniques on the part of school personnel. The professional literature contains numerous examples of the successful application of a wide range of behavioral modification techniques which can be used by the classroom teacher. Likewise, failure to learn at a level commensurate with intellectual potential should not be viewed exclusively as being caused by the child's disability. In many instances, such failures result from the use of inappropriate educational technologies.

Yes	No	
☐	☐	Do school personnel assume responsibility for modifying disruptive classroom behavior?
☐	☐	Do school personnel utilize techniques and procedures as described in the professional literature for managing the behavior problems of students?
☐	☐	Is the school curricula sufficiently broad to meet the educational needs of all retarded students, regardless of age or functioning level?

Architectural Considerations

All mentally retarded students should be educated and housed in the same physical plant (school) as all other children in the same school district. This applies equally for the severely and profoundly retarded student, even though certain aspects of the classroom interior (i.e., seating arrangement, proximity to toilets, etc.) must differ from traditional designs. Moreover, classrooms for mentally retarded students should be assigned on an equal basis with non-retarded students. That is, classes for retarded students must not be held in the oldest, smallest or least desirable rooms in the building. Nor should these classes be placed in a special wing or annex.

Yes No

- ☐ ☐ Do all mentally retarded students receive their instruction within the same physical plant as non-retarded students?
- ☐ ☐ Are classrooms for retarded students equal in quality to those used by the non-retarded?
- ☐ ☐ Are classroom interiors adapted to the needs of severely and profoundly retarded students?

In most cases, there is no need for physical facilities for retarded students to differ appreciably from those provided for non-retarded students. The exception to this general rule would be in the case of some physically handicapped or markedly retarded students.

For the physically handicapped, whether retarded or non-retarded, provisions must be made for wheelchair ramps, wide doors and entrances, toilet stalls which will accommodate wheelchairs, hand rails or handles strategically placed to facilitate transferring to and from wheelchairs, and the elimination of unnecessary architectural barriers which might impede independent locomotion. In addition to removing barriers within the school building, it may be necessary to make equipment and furniture modifications to meet the special needs of individual students with multiple handicaps. Occupational therapists and other specialists can provide considerable assistance in designing special facilities which will maximize the educational functioning of physically handicapped individuals.

Public school classes for profoundly and severely retarded students should be easily accessible to toilet, bathing, dressing and dining facilities where self-care skills may be taught. Otherwise, most modern school physical plants will readily accommodate the vast majority of mentally retarded students along with their non-retarded peers.

Yes No

- ☐ ☐ Have the schools eliminated architectural barriers which might impede independent locomotion by physically handicapped students?
- ☐ ☐ If not, are they in the process of eliminating such barriers?
- ☐ ☐ Do the schools use consultants such as occupational therapists in adapting facilities and equipment for multiply handicapped students?
- ☐ ☐ Are toilet, bathing, dressing and dining areas provided wherein self-care skills may be taught?

Classification and Placement

There is growing recognition of the fact that countless thousands of children have been mislabeled as mentally retarded and inappropriately assigned to special education classes because of problems which are essentially behavioral, cultural or linguistic in nature. Many of these misplaced youngsters come from disadvantaged and minority group families. National attention was focused on this issue by the President's Committee on Mental Retardation's publication **The Six Hour Retarded Child** (PCMR, 1970), a report on a 1969 conference on educational problems in the inner city. Shortly after the publication of this document, the NARC Board of Directors issued a position statement dealing with classification and placement in special education classes. This position statement is reprinted in Appendix A of the Association's education policy statements.

No child should be classified as mentally retarded until he has been evaluated by a team representing a variety of qualified professionals from such areas as psychology, education, social work, and medicine. Moreover, the assessment should not be considered complete unless parents or relatives have been involved in the evaluation process as significant observers, and the person's adaptive behavior has been assessed in relation to his community and family situation, taking into account his cultural background. Also, the student's classification should be subjected to periodic reevaluation so the student may be reclassified if learning experiences have significantly altered his level of functioning.

Yes	No	
☐	☐	Is classification based on the results of a multidisciplinary team evaluation?
☐	☐	Are parents involved in the evaluation process?
☐	☐	Are cultural background factors taken into consideration in diagnosing mental retardation?
☐	☐	Is classification subject to regular review, taking into account the student's response to a variety of learning experiences?

The field of special education appears to be burdened by a number of unfortunate misnomers which carry destructive implications regarding the learning abilities of retarded children. These labels connote group expectancies or generate self-fulfilling prophecies regarding ability limits which decrease the probability of optimal individual achievement. The terms "educable", "trainable", and "sub-trainable" should be replaced by the AAMD classification of "mild",

"moderate", "severe", and "profound" mental retardation. In addition, there are serious inconsistencies in terminology from state to state concerning the definition of mental retardation and categories therein, as well as discrepancies in standards of eligibility for services and legal descriptions of competence. NARC recommends that the problem be viewed as national in scope. In order to provide comprehensive service, NARC supports comprehensive planning of terminology and nomenclature on topics such as severity and age-eligibility concepts.

Yes No

☐ ☐ Have school personnel substituted the AAMD classification system for such terms as "educable" and "trainable"?

☐ ☐ If not, do school authorities recognize the destructive implications of such terms and plan to eliminate their use?

There remains considerable controversy and confusion regarding the relative educational value of integrating or segregating retarded children from their age peers in regular school classes. Nevertheless, it is generally agreed that whenever possible the retarded child should be integrated into the mainstream of regular education. However, integration must be accomplished on an individual rather than group basis. As a guideline, the integration or segregation of retarded children from regular class students should be viewed on a continuum. Many mildly retarded children can function in the mainstream of public education, although some may require specialized supportive services. Some mildly retarded and moderately retarded children should receive their basic instruction in special classes, but can be integrated into the regular education program on an individual basis in specific areas for portions of the school day. Some severely and all profoundly retarded children should receive their basic instruction in self-contained units. Teacher aides, paraprofessionals, and volunteers may participate in certain aspects of the educational process, but only under the direct supervision of the classroom teacher. Under no circumstances should aides or volunteers be used to replace teachers.

Yes No

☐ ☐ Are the majority of retarded students integrated into the regular school program?

☐ ☐ Are students in special classes integrated into the regular education program on an individual basis

for at least a portion of the school day?

☐ ☐ Are supportive services, such as itinerant teachers, available to provide for the retarded students who are in regular classes?

☐ ☐ Are teachers' aides, paraprofessionals and volunteers used to assist teachers in enriching educational programs?

☐ ☐ Do these paid staff and volunteers always work under the direct supervision of qualified classroom teachers?

☐ ☐ Does the school have, and actively enforce, a policy against using teachers' aides and volunteers to replace classroom teachers?

Many students falling within the category of so-called "borderline mental retardation" are placed in special education classes for mentally retarded persons for want of other programs. The "borderline" child should not be labeled as mentally retarded, and should receive special assistance through an itinerant teacher or other appropriate services. The itinerant teacher would provide special materials and methods to the regular classroom teacher so that the borderline child can be retained in the regular school setting.

Yes No

☐ ☐ Are students with "borderline intelligence" distinguished from mentally retarded students?

☐ ☐ Is the "borderline" student educated in the regular classroom through the assistance of itinerant or remedial teachers?

Educational Programming and Delivery of Services

In addition to providing appropriate administrative mechanisms and necessary physical and staff resources, traditional concepts of public education and the curricula used in day-to-day classroom activities must be modified to meet the educational needs of **all** mentally retarded students, including the severely and profoundly retarded.

The President's Committee on Mental Retardation (1969) has pointed out that one reason a number of retarded individuals reach adulthood without adequate preparation for a job or community adjustment is that many educators look at what a retarded person is **not,** rather than what he is. To quote from their report, "The resulting curricula, developed with the retarded child's deficiencies rather than his abilities in mind, merely simplify and water down the course of instruction given normal children. Such programs require

achievement in the academic areas where the retarded child is weaker and give little or no encouragement to the pragmatic skill areas in which he can accomplish something." The unfortunate lack of progress in this area is underscored by a recent survey which suggests little innovation in curriculum development for the retarded, with the possible exception of several university-based experimental programs (PCMR, 1969). Public educational systems must, therefore, develop curricula relevant to the special needs and future life goals of the mentally retarded. It is the responsibility of the state education agency to prepare and distribute clear and comprehensive curriculum guidelines for educational programs for all levels of mental retardation. Local school districts must ensure that these guidelines are complied with in the classroom and in all other facets of the educational programs.

Yes	No	
☐	☐	Are the curricula more than a simplified version of curricula for non-retarded students?
☐	☐	Has the state education agency developed clear and comprehensive guidelines to meet the educational needs of all retarded students?
☐	☐	Do public school curricula comply with state guidelines?

Schools have traditionally assumed educational responsibility for children beginning at about age 5 or 6 and ending with late adolescence. However, it has become increasingly evident that educational experience at earlier ages would be greatly beneficial for all children. Unfortunately, entrance into school programs has in many cases been significantly delayed for mentally retarded students on the grounds that they need longer to attain the mental age levels prerequisite to success in public school programs. This practice seemingly reflects the attitude that the mentally retarded person must fit the traditional school mode, and ignores the possibility that school programs could be modified to fit the needs of the child. In this regard, NARC believes that the public school should provide services for children according to their educational needs, regardless of age. Research indicates that the best time to ameliorate a child's developmental disabilities is the period from birth through early childhood years. Retarded children can profit from formal public school experiences as early as age two. Thus, the public schools must make a commitment to provide preschool education programs for mentally retarded children,

including home training programs for infants with special needs, during their first year. If such services are not already being provided, plans should be underway to ensure that preschool and home training services are available in the near future. These plans should include specific timetables for the provision of services.

Yes	No	
☐	☐	Does the public school extend its services to children below the traditional school entrance age?
☐	☐	If not, is the school planning to initiate pre-school programs, including home training services, for preschool aged retarded children?

Education is a life-long experience. NARC feels that retarded persons should have the opportunity for continual development during adulthood by means of a program of continuing education. The rapidly changing environment in which most retarded adults must live necessitates continuing education to ensure competence in handling problems of daily living.

Yes	No	
☐	☐	Is a comprehensive program of continuing education available for the adult retarded person?
☐	☐	If not, are plans underway to provide these services in the near future?

Regardless of age, curricula for mentally retarded students should be designed to provide an individualized education experience. A test of curricular adequacy for any level of retardation is that the education plan allows students to: (1) increase the complexity of their behavior; (2) increase personal control over their environment; and (3) attain behavioral characteristics which are culturally designated as "normal". Classroom activities should further be relevant to the chronological or social age of the student, and should be geared toward the practical aspects of daily living and effective integration into the community. Teaching materials should be geared toward the chronological age and social interests of the student. Although not used in many school districts, there are a variety of educational materials which deal with topics of interest to persons of high school age, but present the subject matter at such a level that it can be understood and enjoyed by students who may be functioning academically at an elementary school level. Obviously, an early emphasis on vocational skills is essential. Training in

personal safety and good grooming should also be an integral part of the curriculum. The curricula should also stress the effective use of leisure time through community recreational and social outlets. The Appendix contains an outline of suggested areas for program emphasis which can be used to assess the comprehensiveness of school curricula.

Yes No

- ☐ ☐ Do curricula emphasize practical aspects of daily living?
- ☐ ☐ Are teaching materials appropriate to chronological age and social interest?
- ☐ ☐ Are vocational skills stressed throughout the school curricula?
- ☐ ☐ Are students trained in the basics of personal safety and grooming?
- ☐ ☐ Is productive use of leisure and community recreational resources an integral part of the curricula?

Another area of concern with respect to total educational programming is student promotion and upward mobility from one school level to the next. In the past, promotion of retarded students has been based largely upon the students' age and length of time at a given level, rather than on the basis of achievement. To overcome this tendency, specific achievement outcomes, or behavioral objectives must be specified for each level of retardation and for each component of the curriculum. These objectives should be stated in precise, measurable terms. A student should continue at his school level until these minimal results and/or expectancies have been attained. If a student appears to be retained at a particular school level for an inordinate period of time, the accuracy of his placement and/or teacher effectiveness and appropriateness of curriculum content must be re-evaluated.

Yes No

- ☐ ☐ Is mobility within the school program based upon the achievement of clearly defined criteria?
- ☐ ☐ Are behavioral objectives established for all students and for all curriculum components?
- ☐ ☐ Are these objectives stated in a precise and measurable fashion?

Programs of education and training are not self-sufficient, and they cannot be expected to function optimally without supportive services. Diagnostic facilities are one such vital service which, to be meaningful, must be closely coordinated with other educational services. Evaluation should be seen as an ongoing responsibility of teaching and supportive per-

sonnel. Results of traditional psychometric tools (e.g., standardized tests of intelligence) should be viewed as cross-sections of current abilities, and considered as supplementary only to day-to-day evaluation of specific achievements. In order to initiate appropriate educational services, the public school system and/or appropriate state agencies should have the resources to identify the retarded persons in each community. This includes furnishing comprehensive diagnostic services to the family at no cost. That is, educational authorities should adopt an active rather than a reactive posture with respect to the identification of mentally retarded persons and the delineation of their educational needs.

Yes No

- ☐ ☐ Are diagnostic services for retarded students available at no cost?
- ☐ ☐ Does the school system aggressively attempt to locate and identify all retarded children for its school census?
- ☐ ☐ Is student evaluation an integral part of the teaching process which has impact on educational planning for every child?

In order to ensure effective communication and working relations between teachers and supportive personnel (e.g., psychologists, nurses and social caseworkers) inservice education programs should be so designed as to ensure a clear understanding of staff roles, responsibility and interrelationships.

Yes No

- ☐ ☐ Is there an established program of inservice training for teachers and other school personnel which includes sections on staff roles and responsibilities?

Family Involvement in the Educational Process

Consumer participation in policy and decision making has increased markedly in many areas of service during the last decade. However, it is still not uncommon for educational plans to be formulated without the benefit of input from parents of the children who are educational consumers. This is particularly unfortunate since education cannot remain meaningful isolated from the home, family and community in which retarded students live.

In our democratic society, the family is vested with the primary rights and obligations regarding education of their children. The public schools, then, must ensure that parents are given a responsible voice in educational policy making

and planning activities. They should establish mechanisms to enable knowledgeable family participation — they should furnish families all available information regarding their children and the educational process. Provision should further be made for ongoing communication between educators and family members to ensure that what is taught has relevance to the activities of daily living in the home. In addition to goal setting, the family should be involved in the educational process through parallel activities in the home (e.g., homework) which reinforce and facilitate transfer of learning from the school setting to community life. Lastly, the primary consumers of educational services, the students, should also be allowed a responsible voice in planning and evaluating the organization and delivery of school services.

Yes	No	
☐	☐	Does the school system have formal mechanisms for ensuring that parents are informed of all aspects of the school program?
☐	☐	Are parents encouraged and provided an opportunity to participate in school planning and decision making?
☐	☐	Are parents kept fully informed of programs and teaching techniques so that complementary home training programs can be established?

Qualification of Special Education Teachers

Teachers of retarded children must be highly qualified individuals who are especially trained to deal with the full range of educational needs of all retarded students. They should be certified in their field of competency according to the same criteria employed for their counterparts working with non-retarded students. However, current teacher education programs vary considerably across the nation, and frequently restrict teacher preparation to the educational needs of the "average" student only. Even course work for teachers of the exceptional child rarely covers training technologies appropriate for use with severely and profoundly retarded students. In this regard, there is a definite need to develop national standards for the preparation of teachers. Teacher certification should also be standardized and made valid on a reciprocal basis in any and all states. Such certification must ensure that future teachers have had special course work in mental retardation and that supervised student teaching with retarded pupils is required before a teaching certificate is issued.

Even experienced teachers need occasional retraining and exposure to new teaching procedures and techniques. Therefore, school systems should require that their teachers enroll periodically in relevant university classes or extension courses. Experienced teachers should also be encouraged to learn from student teachers who have been exposed to recent developments in educational technology.

Yes	No	
☐	☐	Do special education teachers meet the same basic certification requirements as their counterparts in regular classes?
☐	☐	Have special education teachers completed course-work in mental retardation as part of their university program?
☐	☐	Did their student teaching experience involve supervised teaching of mentally retarded pupils?
☐	☐	Are experienced teachers required to periodically complete additional university course work related to the field of mental retardation?

IV. LEGISLATION AND LITIGATION [1]

Although considerable progress has occurred during the last two decades in the area of educational services for mentally retarded persons, large segments of the retarded population are still denied the right to an appropriate public school education. This denial is particularly prevalent regarding retarded students with marked developmental disabilities.

Numerous reasons have traditionally been offered to justify providing a public school education to some children and not to others. Frequently, it is said that there are not enough specially trained teachers. Also, it is alleged that the cost per student for educating mentally retarded persons greatly exceeds that for their non-retarded peers, because the retarded require radically different and specialized facilities. In establishing educational priorities, therefore, educators and legislators often conclude that limited funds for education should be spent first to benefit those students with the greatest potential for economic return to society. Any remaining funds are then used to educate students believed to be less capable. Legislators further have a strong tendency to ignore costly spending bills which they anticipate would not be favored by the majority of their constituency.

To counteract such arguments, educators and lawmakers must be informed that the vast majority of retarded students do in fact have considerable economic potential if provided an appropriate education early in life. Increased expenditures for education is more than justified economically — **with** early training, retarded persons can become tax payers instead of life-long "tax burdens" to society. Moreover, it should be pointed out that when a state undertakes to provide a public school education for any of its children, the state has in effect assumed responsibility for the education of **all** citizens regardless of their potential ability to contri-

[1] This section is based on comments regarding legislation and litigation by Dennis Haggerty, Attorney, Briscoe & Haggerty, 1720 Philadephia National Bank Building, Philadelphia, Pennsylvania, 19107. Mr. Haggerty is currently Co-Chairman of the American Bar Association's Committee on Mental Retardation and Law and a Consultant to the President's Committee on Mental Retardation.

bute to society. Legislators must also be made to realize that the majority of retarded students can be educated along with their non-retarded peers, with modifications only in regard to school curriculum, teaching techniques, and teacher preparation. Other persuasive arguments might be that some states **have** assumed responsibility for educating all their retarded students, and that denial of education in other states has been ruled unconstitutional under the equal protection clauses of the United States Constitution.

When Should Litigation be Mounted?

Advocates for retarded persons should consider asking the courts for needed educational reform if state and local education committees have: (1) attempted to negotiate with appropriate school and governmental officials and encountered insurmountable logjams in negotiation; (2) been unsuccessful in promoting legislative action which would ensure delivery of educational services; (3) determined that the denial of educational services is real and can be documented; and (4) developed realistic solutions or strategies to offer the court as alternatives to existing conditions.

It should be realized that there may be some people within the Association who desire educational reform but are not willing to aggressively pursue a law suit. Such ambivalence must be resolved before approaching the courts, since divisiveness could result in an unsuccessful suit which might endanger other court actions on the state or national level. The Association must further realize that court action is the last resort and that all other alternatives for achieving change should first be exhausted.

In court actions intended to change major social institutions or systems, it is usually desirable to utilize a **class action** suit rather than a suit by an individual plaintiff. When the class action approach is utilized, the class of plaintiffs selected to bring suit **must represent the entire class of children who have been deprived of the right to education.** For example, plaintiffs should be selected who represent children from various strata of society, children with different degrees of handicaps, children in institutions, children resid-

ing at home, and children in private facilities. A major disadvantage of the class action suit, however, is that if the suit is unsuccessful it will affect the entire class in that it will be difficult to file another similar action. This is why the Association initiating court action must place major importance upon preparation of a sound basis for the suit and achieve unanimity of purpose among its members. It would behoove those embarking upon such a suit to have all available data on hand related to the grievance and to obtain comments from experts in the field who are willing to testify in behalf of the action. The plaintiffs should expect to be called upon to come forward with sufficient expertise in the educational field to prove their case.

When the suit is instituted, the attorneys involved in the class action suit should seek a three judge federal panel to hear the case. Seeking redress in such a federal court has the advantage that a negative decision by a federal court is subject to direct appeal to the Supreme Court of the United States. However, the federal court may choose to deny immediate relief to the plaintiffs by stating that remedies available through state courts should be exhausted first. Starting at the federal court level, however, allows immediate return to the federal court if there is a denial on the state level, thus possibly avoiding one or two steps in the appellate procedure in the state courts.

Court action is a valid, effective means of achieving rapid change when all other traditional avenues of negotiation are blocked. It is not sufficient, however, to simply demand that the court correct an injustice. The aggrieved parties must be willing to assume responsibility for their actions and to assist the court in deriving ongoing solutions which will justify the original purpose of the court action.

V. SUMMARY

There is currently a significant groundswell of activity and interest regarding the right to education. Responding to this movement, educators in many states have begun expanding existing public school programs to include mentally retarded students. Where there has been resistance to such educational reform, citizen action on behalf of retarded students has resulted in several landmark court decisions which are opening the doors of the public schools to retarded students who were formerly excluded or denied access to a public education. In the legislative arena, law makers are also becoming increasingly aware of the need for legislative revision which would mandate appropriate public school classes for retarded pupils. In view of these initial successes it is particularly important that advocates for retarded students guard against complacency. Much work remains to be done, and progress will only be sustained through the continuing efforts of parents, educators and concerned citizens.

To achieve quality educational programming, NARC firmly believes that it is essential for parents and other citizens to establish positive working relationships with educators, and become increasingly involved in the ongoing evaluation of educational services. The previous sections of this document have highlighted important action steps which should be taken by state and local Associations for Retarded Children. An attempt was also made to point out major areas for evaluating education programs. It should be remembered that ultimate success in translating policies into action will largely depend upon energetic and knowledgeable volunteers and staff working closely with education agency representatives, educators and law makers in each and every state and local community.

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Appendix

SUGGESTED AREAS OF PROGRAM EMPHASIS FOR PROFOUNDLY RETARDED STUDENTS

PRE-SCHOOL AGED

Sensori-Motor Stimulation
1. stimulating sight, hearing, touch, smell, and muscular response
2. enriching environment and encouraging exploration of interesting and attractive surroundings

Physical Development
1. body positioning
2. passive exercising
3. rolling, creeping and crawling
4. balancing head and trunk
5. using hands purposefully
6. standing practice
7. training for mobility

Pre-Self Care
1. taking nourishment from bottle and spoon, drinking from cup and finger feeding
2. passive dressing; accommodating body to dressing, partially removing clothing
3. passive bathing; handling soap and washcloth; participating in drying
4. passive placement on toilet; toilet regulating

Language Stimulation
1. increasing attention to sounds
2. encouraging vocalization
3. responding to verbal and non-verbal requests
4. identifying objects

Interpersonal Response
1. recognizing familiar persons
2. requesting attention from others
3. occupying self for brief periods
4. manipulating toys or other objects

SCHOOL AGED

Sensori-Motor Development
1. identifying shapes, colors, sizes, locations, and distances
2. identifying sound patterns, locations, tonal qualities, rhythms
3. identifying textures, weights, shapes, sizes, temperatures
4. identifying familiar, aversive and pleasant odors

Physical Mobility and Coordination
1. practicing ambulation
2. overcoming obstacles; walking on ramps and stairs, running, skipping, jumping, balancing, climbing
3. using playground equipment
4. participating in track and field events

Self-Care Development
1. self-feeding with spoon and cup; eating varied diet; behaving appropriately while dining
2. removing garments; dressing and undressing with supervision; buttoning, zipping, and snapping
3. drying hands and face; partially bathing
4. toilet scheduling; indicating need to eliminate; using toilet with supervision

Language Development
1. recognizing name, names of familiar objects, and body parts
2. responding to simple commands
3. imitating speech and gestures
4. using gestures, words or phrases

Social Behavior
1. requesting personal attention
2. playing individually along side other residents
3. using basic self-protective skills
4. playing cooperatively with other residents

ADULTS

Sensori-Motor Integration
1. sorting, transferring, inserting, pulling, folding
2. responding to music activities, signals, warnings
3. making personal choices and selections
4. discriminating sizes, weights, colors, distances, locations, odors, temperatures, etc.

Physical Dexterity and Recreation
1. riding vehicles; participating in gymnastic-like activities and track and field events
2. marking with pencil, cutting with scissors, stringing beads, pasting, and assembling
3. swimming and water play
4. using community parks, playgrounds, and other recreational resources

Self-Care
1. eating varied diet in family dining situation; using eating utensils; selecting foods
2. dressing with partial assistance or supervision
3. bathing with partial assistance or supervision
4. using toilet independently with occasional supervision

Language and Speech Development
1. listening to speaker
2. using gestures, words, or phrases
3. following uncomplicated directions

Self-Direction and Work
1. using protective skills
2. sharing, taking turns, waiting for instructions
3. traveling with supervision
4. completing assigned tasks
5. participating in work activity center programs

SUGGESTED AREAS OF PROGRAM EMPHASIS FOR SEVERELY RETARDED STUDENTS

PRE-SCHOOL AGED

Sensori-Motor Development

1. stimulating sight, hearing, touch, smell, and muscle response
2. identifying shapes, colors, locations and distances
3. identifying sound patterns, locations, tonal qualities, and rhythms
4. identifying textures, weights, shapes, sizes and temperatures
5. identifying familiar, aversive, and pleasant odors
6. defining body location and boundaries

Physical Mobility and Coordination

1. passive exercising and body positioning
2. rolling, creeping, and crawling
3. balancing head and trunk
4. using hands purposefully
5. practicing ambulation
6. overcoming obstacles; using stairs, ramps, and balancing

Self-Care Development

1. taking nourishment from bottle and spoon; drinking from cup and finger feeding; partial self-feeding with spoon and cup
2. accommodating body to dressing; partially removing clothing, removing clothing and dressing with assistance
3. handling soap and washcloths; participating in drying; drying hands and face; partially bathing
4. scheduling toilet use; indicating need to eliminate

Language and Speech Development

1. increasing attention to sounds and voices
2. encouraging vocalization
3. recognizing name, names of familiar objects, and body parts
4. imitating speech and gestures
5. using gestures, words and phrases

Social Behavior

1. recognizing familiar persons
2. requesting personal attention
3. occupying self for brief periods
4. playing independently along side other residents

SCHOOL AGED

Sensori-Motor Integration

1. sorting, transferring, pulling, and folding
2. responding to music activities, signals and warnings
3. making personal choices and selections
4. discriminating sizes, weights, colors, distances, temperatures, locations, and basic similarities and differences

Physical Dexterity and Recreation

1. running, skipping, jumping, balancing, climbing
2. using indoor and outdoor play equipment
3. using riding vehicles; participating in gymnastic-like activities, track and field events
4. participating in uncomplicated group games and sporting events

Self-Care

1. self-feeding with spoon and cup; eating varied diet in family-style dining situation; using utensils appropriately; behaving acceptably during meals, and selecting foods
2. dressing and undressing with supervision; buttoning, zipping, snapping, lacing and tying; selecting appropriate clothing items with supervision
3. bathing with partial assistance and supervision; using comb and brush
4. using toilet independently; self-wiping, etc.

Speech Development

1. using gestures, phrases, and sentences to express needs
2. asking for the names of objects
3. using descriptive and action words; using pronouns; expressing feelings and sensations
4. following verbal directions
5. understanding relationships such as "up-down", "over-under", "big-little", etc.

Social Behavior and Self-Direction

1. using self-protection skills
2. sharing, taking turns, and waiting for instructions
3. imitating adults through playing dress-up, tea party, store, etc.
4. going about surroundings unsupervised
5. acquiring basic housekeeping skills

ADULTS

Sensori-Motor Integration

1. recognizing essential similarities and differences
2. using plans of search
3. using time and place concepts
4. recognizing potential dangers; obeying traffic lights, stop signs, and other warning devices
5. using visual and auditory memory skills

Recreation and Leisure Activities

1. using community recreation facilities such as theatres, parks, zoos, swimming pools, bowling alleys, etc.
2. exercising for muscle tone and weight control
3. observing or participating in sports
4. attending club meetings, dances, and other social activities involving both sexes

Self-Care, Grooming and Hygiene

1. dining in family or community settings; selecting a normal diet; and maintaining weight control
2. selecting appropriate clothing, normal hair and clothing styles; caring for personal clothing items
3. caring for hair, teeth, nails and shaving or menstrual needs; using cosmetics and deodorants

Communication

1. relating experiences and feelings verbally
2. following directions requiring performance of several tasks
3. repeating messages and giving simple directions to others

Self-Direction and Work

1. behaving like adults in a variety of social situations
2. using public transportation with supervision
3. practicing homemaking skills
4. participating in work activity center programs

SUGGESTED AREAS OF PROGRAM EMPHASIS FOR MODERATELY RETARDED STUDENTS

PRE-SCHOOL AGED

Sensori-Motor Development

1. stimulating senses, recognizing shapes, colors, locations, distances, temperatures, and basic similarities and differences
2. identifying sound patterns, sound locations, tonal qualities, rhythms
3. discriminating textures, weights, shapes, sizes
4. identifying familiar, aversive, and pleasant odors
5. responding to music, signals, and warnings

Physical Mobility and Coordination

1. rolling, creeping, and crawling
2. balancing head and trunk; purposefully using hands; training in ambulation; overcoming obstacles, using stairs and ramps
3. balancing, running, skipping, jumping, climbing
4. riding vehicles
5. using standard playground equipment
6. marking with pencils and crayons; stringing beads, and cutting with scissors

Self-Care

1. drinking from a cup and finger feeding; self-feeding with spoon and cup; and eating varied diet in family-style dining situation
2. removing clothing with assistance; removing clothing; dressing with assistance; uncomplicated buttoning, zipping, etc.
3. drying hands and face; partially washing self; bathing with assistance; experimenting with comb and brush
4. scheduling toilet use; indicating need to eliminate; using toilet independently

Speech Development

1. recognizing names of familiar objects, own name, and body parts
2. imitating speech and gestures
3. responding to simple commands
4. using gestures or words to express needs
5. following verbal directions
6. using simple action and descriptive words

Social Behavior

1. requesting personal attention
2. playing independently along side other residents
3. using self-protective behaviors
4. sharing, taking turns and waiting for instructions
5. imitating adults through play activities
6. going about surroundings unsupervised

SCHOOL AGED

Sensori-Motor Integration

1. recognizing essential similarities and differences
2. searching for hidden articles
3. using time and place concepts
4. using visual and auditory memory skills
5. becoming aware of potential dangers; obeying traffic lights and other warning devices
6. discriminating sizes, weights, colors, distances, locations, odors, temperatures, etc.

Physical Dexterity and Recreation

1. participating in calisthenics, gymnastic-like activities, and track and field events
2. drawing, painting and craft activities
3. using standard playground equipment
4. using community recreation facilities such as theatres, parks, zoos, bowling alleys, etc.
5. attending club meetings, dances, and other activities involving both sexes

Self-Care, Grooming, and Hygiene

1. eating varied diet in family-style dining situation; using utensils appropriate to community and family dining; selecting foods; preparing basic meals; acquiring proper dietary habits
2. dressing with supervision; selecting appropriate clothing; maintaining current hair and clothing styles; caring for personal clothing items and clothing details
3. bathing with supervision; using comb and brush; caring for hair, teeth, nails, and shaving or menstrual needs; using cosmetics and deodorants
4. using toilet independently

Communication

1. using descriptive, action, and relationship words
2. expressing feelings and sensations verbally
3. relating experiences; repeating a message; and giving simple directions to others
4. reading words relative to safety and independence
5. writing name and other words of practical significance

Self-Direction and Pre-Work Skills

1. behaving appropriately in a variety of social situations
2. traveling supervised in community
3. practicing homemaking skills
4. using public transportation
5. acquiring attitudes, habits, and skills related to work

ADULTS

Sensori-Motor Integration

1. acquiring proficiency in sorting, collating, packaging, wrapping, operating levers, and mechanical apparatus
2. cleaning, repairing, assembling, refinishing
3. understanding time, location, distance, height, weight, temperature, volume as related to work
4. operating machinery and using tools

Recreation and Leisure Activities

1. using community recreation facilities such as theatres, parks, zoos, bowling alleys, etc.
2. observing or participating in sports
3. exercising for muscle tone and weight control
4. attending social clubs, dances, camping, trips of interest, and other recreative activities involving both sexes

Self-Care, Grooming and Hygiene

1. dining in public restaurants and cafeterias; preparing simple meals; practicing dietary variety and nutritional habits
2. improving personal appearance; dressing appropriately to nonretarded peers; caring for and purchasing personal clothing items
3. caring for hair, teeth, nails and other details of personal hygiene

Communication

1. using correct speech volume and enunciation
2. following instructions involving several assignments
3. communicating name, address, and telephone number
4. writing name and other simple words legibly; reading traffic signs, labels on packages, telephone numbers, signs of information
5. counting, making change
6. concentrating on topic; organizing thoughts and relating experiences in sequential form

Self-Direction and Work

1. cleaning and maintaining residence
2. using community shops and stores
3. using public transportation facilities
4. knowing laws and rules of community
5. budgeting and saving
6. developing amenability to supervision, perseverance, and other job behaviors and attitudes
7. participating in productive sheltered employment

SUGGESTED AREAS OF PROGRAM EMPHASIS FOR MILDLY RETARDED STUDENTS

PRE-SCHOOL AGED

Sensori-Motor Development

1. listening to and recognizing sounds
2. sorting objects by color, size and shape
3. identifying patterns, sound locations, tonal qualities, and rhythms
4. discriminating between colors, textures, weights, shapes, temperatures, locations, odors, distances
5. using visual and auditory memory
6. searching, identifying, and pointing out similarities and differences
7. using time and place concepts

Physical Mobility and Coordination

1. overcoming obstacles; balancing, running, skipping, jumping and climbing
2. riding vehicles and using standard playground equipment
3. marking, coloring, pasting, cutting, stringing, and transferring

Self-Care

1. feeding self with fingers, spoon, cup, and other eating utensils; eating varied diet in family-style dining situation; dining in undisruptive manner
2. removing clothing and dressing with assistance; buttoning, zipping, lacing, and simple tying; wearing a variety of clothing; hanging or storing clothing when not in use
3. drying face and hands; washing self with assistance; using comb and brush
4. indicating need to eliminate; using toilet independently; wiping self; etc

Speech Development

1. recognizing name, names of familiar objects and body parts
2. imitating speech and using single words
3. responding to verbal requests
4. following verbal instructions
5. listening to speaker
6. using action, descriptive, and relationship words
7. expressing feelings, sensations, and experiences

Social Behavior

1. requesting personal attention
2. occupying self unattended
3. playing independently along side other residents
4. sharing, taking turns, and waiting for instructions in play activities
5. using self-protecting behaviors
6. imitating adults through play
7. going about surroundings with minimal supervision

SCHOOL AGED

Sensori-Motor Integration

1. recognizing essential similarities and differences
2. using visual and auditory memory skills
3. understanding time, location, distance, height, weight, temperature and volume
4. responding to music; dancing and singing
5. operating vehicles and machinery
6. using tools

Physical Dexterity and Recreation

1. participating in calisthenics, gymnastics, and organized sports
2. using community recreation facilities such as theatres, parks, zoos, bowling alleys, etc
3. attending social clubs, dances, camping, trips of interest, and recreative activities involving both sexes
4. participating in arts and crafts; painting, molding, etc

Self-Care, Grooming, and Hygiene

1. using appropriate eating utensils; eating in public restaurants and cafeterias; preparing meals; practicing dietary variety and nutritional habits
2. improving personal appearance; wearing dress and hair styles appropriate to nonretarded peers; selecting, purchasing, and caring for clothing items
3. caring for hair, teeth, nails, and other details of personal hygiene including shaving or menstrual needs
4. using toilet independently

Communication

1. listening to and following instructions; sharing experiences verbally; waiting turn to speak; using proper voice volume and rate
2. asking and answering questions
3. organizing thoughts before speaking and relating experiences in sequential form
4. reading and writing appropriate to interest and ability level
5. using basic number concepts including fractional parts, making change, measuring, telling time, etc
6. being aware of current events; practicing conversational skills; and using telephone

Self-Direction and Pre-Work

1. learning courtesy, manners, meaning of responsibility, truthfulness, dependability, and acceptance of criticism
2. understanding sexual behavior
3. participating in pre-vocational evaluation and job sampling; learning work attitudes and behaviors
4. homemaking activities and responsibilities
5. using public transportation, shops, stores, and other community facilities
6. knowing laws and rules of community
7. working part-time
8. budgeting, saving, and proper use of money
9. recognizing, reporting and correcting hazards

ADULTS

Sensori-Motor Integration

1. acquiring work related skills involving movement, balance, coordination and use of all senses
2. increasing proficiency in discriminating time, location, distance, height, weight, temperature, volume, and position
3. operating motor vehicle, equipment and machinery

Recreation and Leisure Activities

1. using community recreation facilities such as theatres, parks, zoos, bowling alleys, etc
2. attending social clubs and dances, camping, trips of interest, and recreational activities involving both sexes
3. developing skills related to crafts, music appreciation, and fine arts
4. observing or participating in sporting events

Self-Care, Grooming and Hygiene

1. Maintaining balanced diet, preparing meals, behaving appropriately in a variety of dining situations
2. knowing clothing styles appropriate for a variety of social, work, seasonal, and climatic conditions; care of personal clothing items

Communication

1. reading newspapers, magazines, menus, application forms, etc
2. using public communication media and public libraries
3. communicating with counselors, advisors and other persons associated with social welfare, medical, legal, and vocational agencies
4. writing letters and checks; making purchases by mail; completing social security, insurance, medical, and other forms
5. interviewing for job

Community Living and Work

1. locating a residence; assuming financial responsibility associated with residence
2. practicing homemaking skills and responsibilities
3. understanding responsibilities related to marriage, parenthood and the use of birth control techniques
4. participating in vocational counseling and placement; on-the-job training, and job selection
5. practicing citizenship skills including voting, obeying laws and participating in community affairs